



Court Transcript Request

Vicinage 13 - New Jersey Judiciary (*R. 2:5-3(a)*)

Case Information
*attach case caption, if available

Instructions

1. Complete all information. Incomplete/incorrect orders will be returned.
2. Attach the Appellate or Supreme Court Clerk's copy to the Notice of Appeal (*R. 2:5-1(f)*).
3. Attach transcript deposit, sign the form and note the check number and amount.
4. If you need assistance with the case information or hearing dates, please contact the division that handled your matter and then submit your order to the Somerset County Transcript Unit.

Plaintiff(s) v. Defendant(s)

Trial Court Docket Number

County Court

Requesting Party Information
(Name/Address)

SEND FORM along with (2) copies to:

Attn: Transcript Unit
Somerset County Courthouse
Operations Division
20 North Bridge Street
2nd Floor
Somerville, NJ 08876

Phone: (908) 203-6149
Fax: (908) 253-8590

Phone Number

**If you want a copy via email, include your email address here (additional copy rate would apply to this).*

It is hereby requested that you prepare for use on:
(check one box and indicate number of copies, if any)

- Appeal*** (An original and minimum of 2 copies are required)
 Non-Appeal

an original and _____ copies of the following:

Delivery/Preparation Time

Check one

- Standard** (30 days) \$100 Deposit
 Expedited (7-10 days) \$200 Deposit
 Daily (1-2 days) \$300 Deposit

Date of Proceeding	Type of Proceeding (e.g., trial, sentencing, motion, etc.)	Name of Judge or Hearing Officer

I agree to pay for the preparation and any copies ordered of the transcript(s) for the above date(s) pursuant to *R. 2:5-3(d)*.

Signature of Requesting Party

Date

Transcript fees are set by New Jersey [Statute 2B:7-4](#). An additional sum or reimbursement may be required prior to or at the completion of the transcript order. If you are requesting a transcript for an appeal, be advised that one original and a minimum of two additional copies of the transcript are required for processing.

Deposit Attached \$ _____ **Check number:** _____ **Payable to:** _____

CC: (*appeals only)

1. Clerk, Appellate Division, or Clerk, Supreme Court (see **Instructions** above)
2. Patricia Brill, Supervisor of Court Reporters _____
3. Other attorneys/*Pro Se* parties _____

For Office Use Only

Date Received: _____
Date Sent to Transcriber: _____
Number of Tapes/CDs: _____
Transmittal Attached: _____